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70857 7590 01/26/2010

Law Office of John K. Pike, PLLC
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/619,426	07/16/2003	Kevin J. Tracey	9511-104-27 CONT	7322

TITLE OF INVENTION: GUANYLHYDRAZONES USEFUL FOR TREATING DISEASES ASSOCIATED WITH T CELL ACTIVATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	04/26/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
JAGOE, DONNA A	1619	514-632000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 John K. Pike 2 Law Office of John K. Pike, PLLC 3 _____
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)		

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(A) NAME OF ASSIGNEE
Cytokine PharmaSciences, Inc. (B) RESIDENCE: (CITY and STATE OR COUNTRY)
King of Prussia, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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Authorized Signature /John K. Pike, Reg. No. 41,253/

Date April 26, 2010

Typed or printed name John K. Pike

Registration No. 41,253

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